

Line

1

County: Camden

2

Number of Employees in Unit: 13

3

4

New Contract Term: 01/01/2016-12/31/2019

5

6

7

8

9

Yes ☐ No ☐

10

\$736,000

11

\$18,000

12

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

\$0

13

\$ 754000

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)14 Total Base Salary Cost from Line 13: \$754,000

| | Increases | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|----|--|-----------------|-----------------|-----------------|-----------------|---------|---------|
| 15 | Effective Date (month/day/year) | <u>01/01/16</u> | <u>01/01/17</u> | <u>01/01/18</u> | <u>01/01/19</u> | <u></u> | <u></u> |
| 16 | Cost of Salary Increments (\$) | <u>29,000</u> | <u>16,000</u> | <u>32,000</u> | <u>28,000</u> | <u></u> | <u></u> |
| 17 | Salary Increase Above Increments (\$) | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> |
| 18 | Longevity Increase (\$) | <u>2000</u> | <u>1500</u> | <u>1000</u> | <u>1000</u> | <u></u> | <u></u> |
| 19 | Total Increased Cost for "Other" Items (\$) | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> |
| 20 | Total Increase (\$) (sum of lines 16-19) | <u>31,000</u> | <u>17,500</u> | <u>33,000</u> | <u>29,000</u> | <u></u> | <u></u> |

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$110,500 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 14 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 3.5 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

| 24 | Item Description | Base Year Cast (\$) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|----|-------------------------|---------------------|--------|--------|--------|--------|--------|--------|
| | Uniform Allowance | 16,800 | 0 | 0 | 0 | 0 | | |
| | Bank Sick Time buy back | 0 | 20,000 | 10,000 | 0 | 0 | | |
| | Annual Sick Sell Back | 10,000 | 0 | 0 | 0 | 0 | | |
| | Holiday Pay | 15,000 | 0 | 0 | 0 | 0 | | |
| | Shift Differential | 20,000 | 0 | 0 | 0 | 0 | | |
| | Acting Lt | 2,000 | 0 | 0 | 0 | 0 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 25 | Totals (\$): | 63,800 | 20,000 | 10,000 | 0 | 0 | | |

SECTION VII: Medical Costs**Insurance Costs**

| | Base Year | Year 1 |
|----------------------------|------------|------------|
| 26 Health Plan Cost | \$ 150,000 | \$ 150,000 |
| 27 Prescription Plan Cost | \$ 0 | \$ 0 |
| 28 Dental Plan Cost | \$ 8,500 | \$ 8,500 |
| 29 Vision Plan Cost | \$ 0 | \$ 0 |
| 30 Total Cost of Insurance | \$ 158,500 | \$ 158,500 |

Employer: Borough of Collingswood

Employee Organization: Career Fire Fighters of Collingswood

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SECTION VII: Medical Costs (continued)

| | | | |
|----|--|------------------|------------------|
| 31 | Employee Insurance Contributions | \$ <u>45,000</u> | \$ <u>45,000</u> |
| 32 | Contributions as % of Total Insurance Cost | <u>28</u> % | <u>28</u> % |

33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Elizabeth Pigliacelli

Position/Title: CFO

Signature: 

Date: 12/09/2016

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016